

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10632714 FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.	3						TOTAL DEP.					
TOTAL CLAIMS	9						TOTAL CLAIMS					